

# CLAIMS ONLY

Application Number

09/940,801

Filing Date

Applicant(s)

CLAIMS

AS FILED

Indep. Depend

AFTER FIRST AMENDMENT

Indep. Depend

AFTER SECOND AMENDMENT

Indep. Depend

\* May be used for additional claims or amendments

Indep. Depend Indep. Depend Indep. Depend

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Total Indep.  
Total Depend.  
Total Claims

Total Indep. 4  
Total Depend. 13  
Total Claims 17